

Population Aging and Migration: Migrant Workers in Elder Care in Canada⁽¹⁾

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I. Introduction

Population aging has become a great challenge in many industrialized countries. The OECD estimates that the ratio of people over 65 to those between 20 and 64 will double between 2003 and 2050, and in some countries, such as Japan, Italy and Spain, the extent of ageing will be much more serious (Cotis, 2003). While the implications of aging are multifaceted such as labor shortages, impacts on social security systems, and growing medical expenses, one of the most imminent challenges that many countries are faced with is how to meet the growing needs for care.⁽²⁾

This article will examine the state policy in Canada which has been tackling this challenge through temporary migration of care workers. Its Live-in Caregiver Program (LCP) is quite unique in that it offers migrants a possibility for eventual acquisition of permanent residence, citizenship, and family reunification. Because of these benefits, Canada has become one of the most popular destinations among migrant caregivers working in Asia (Oishi, 2005).

The case of Canada would offer many lessons for other industrialized countries, including Japan which will soon start accepting migrant nurses and caregivers from the Philippines and Indonesia under Economic Partnership Agreements (EPA). While the Japanese scheme is a more rigid temporary scheme than the one in Canada, it can also leave the possibility for long-term settlement for migrant care workers who passed the national exam, as it does not set a maximum limit for visa renewal nor does it deny the possibility of eventual

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naturalization or acquisition of citizenship. In this respect, the Japanese scheme has more of an affinity with the Canadian scheme than those in other countries such as Taiwan or Singapore which prohibit the long-term settlement of migrant care workers. Although the Canadian case does not necessarily present an ideal picture, it could certainly be used as a reference point for Japan and many other countries.

II. Research Questions: Migrant Care Workers and Elder Care

Temporary migration of care workers has been attracting much attention of scholars, policy makers, and NGOs across the world since the 1980s (e.g. Morokvasic, 1984; ILO, 1996). It reflects the growing gap between care needs and care provisions that state programs have not been able to fill. In most industrialized countries, care work has been “outsourced” to migrant workers – mostly women – from developing countries through official and unofficial channels.

Against this background, a number of studies have been conducted on migrant care workers under the LCP in Canada (Macklin, 1992; Gramdea and Kerr, 1998; Bakan and Stasiulis 1997; Barber, 2000; Stasiulis and Bakan, 2005). Most of these studies adopted a critical stance toward the ways in which LCP was instituted and operated. For instance, Bakan and Stasiulis (1997) documented the historical development of Canadian policies bringing in migrant domestics, highlighting the institutional injustice and discrimination against them.

However, the focus of these studies has been almost entirely on the workers in domestic work and child care. Very little attention has been paid to live-in caregivers in elder care and their integration after LCP, partly because LCP has served mainly as a childcare alternative for parents who cannot secure quality institutional care in their residential vicinity. The substantial entry of migrant live-in caregivers into elder care is, in fact, a relatively recent phenomenon. While there is no official statistics, a local NGO reported that approximately one-third of their clients under LCP were in elder care in 2006 and has been growing

whereas almost none of them was in elder care in the 1970s.⁽³⁾

The growing demand for live-in caregivers in elder care reflects the acceleration of population aging in Canada. Its aging population has increased from 2.4 to 4.2 million between 1981 and 2005, and their share of the total population increased from 9.6% to 13.1% (Statistics Canada, 2006). The rapid increase in women's labor force participation since the 1970s has also resulted in the demand for migrant live-in caregivers because the traditional home care provided by female family members is no longer readily available. Furthermore, as will be discussed in the later section, the quality and quantity of elderly care in the public system has been declining. It is in this context that the demand for migrant live-in caregivers has been rapidly growing.

This paper attempts to add this relatively new dimension of elder care by live-in caregivers to existing studies on temporary migration in Canada. The first part of this paper will analyze the experiences of migrant live-in caregivers under LCP, including their working conditions and actual ability of exercising their rights. It will demonstrate that while some of their problems are similar to those that other scholars have already addressed for childcare workers, there are distinctive issues arising that are specific to the elder care sector.

The second part of this paper will examine the economic integration process of migrant caregivers after LCP. Are their high educational achievements and work experiences in origin countries fully utilized in the process of economic integration in Canada? The paper will situate the integration issue into a broader picture of the care system in Canada.

III. Data and Methodology

This research adopts a qualitative research method which is often used to examine social groups whose systematic random sampling is difficult. This approach also reflects a particular research stance that emphasizes the importance of empirical data collected from field research.

The data used in this paper were collected during my fieldwork in Toronto, Canada from 2005 to 2007. I conducted in-depth interviews with 67 key

informants including 40 Filipino care workers. The remaining 27 informants consisted of government officials, recruitment agency representatives, employers, and NGO representatives. I identified the first set of care workers through NGOs, and then adopted the snowball sampling method. A semi-structured questionnaire was used for all interviews, and each interview session lasted for one to two hours. I also conducted participant observation in two nursing homes. In addition to the interview data, this research utilized government documents, national statistics, and other secondary sources wherever necessary.

IV. Live-in Care Program: An Overview

Live-in Caregiver Program (LCP) was established in 1992, replacing the Foreign Domestic Movement, the previous migration scheme for care workers. It is a small component of the Temporary Worker Program which assists Canadians and permanent resident employers in need of caregivers to employ people to live and work in their homes and provide care for children, seniors or the disabled. To be qualified for this program, migrants have to have a Canadian equivalent of Grade 12 level education, which is interpreted as 2-year tertiary education in developing countries (CIC, 2004).

Since the inception of LCP the number of live-in caregivers has been rising due to the growing shortage of affordable day care space and quality nursing home beds (Cohen, 2000:77). According to the Citizenship and Immigration Canada (CIC), the annual flow of live-in caregivers across the country quadrupled from 2,028 to 7,915 between 1996 and 2006. The stock of live-in caregivers also grew threefold from 7,303 to 22,897 during the same period (CIC, *ibid*).

Profiles of Live-in Caregivers

The typical profile of migrant live-in caregivers is a highly-educated Filipino woman. Approximately 90% of live-in caregivers are Filipinos, reflecting their worldwide reputation as highly-skilled care workers (CIC, *ibid*).

At the same time, according to a recruitment agency in Toronto, the demand for Chinese and Indian caregivers has also been rising because new immigrants from China and India prefer to hire co-ethnic caregivers for their elderly parents. In terms of gender ratio, 96% of live-in caregivers were women (CIC, *ibid*). The gender stereotype for live-in care being a “female job” still persists among employers in Canada. In fact, a male respondent whom I interviewed confessed the extreme difficulty in finding a job as a caregiver because most employers prefer to hire a woman. He felt that male caregivers were often labeled as “unskilled” and “unsuitable” for care work because of the gender stereotype.

As for educational background, 44% of live-in caregivers admitted in 2003 had a bachelor’s degree and 41% had other diplomas in tertiary education (CIC, *ibid*). The rest have assumingly completed at least 2 years of tertiary education as required by the government. Most of these migrants worked in white collar jobs in health care, education, business, or even the government.

Advantages of Live-in Caregiver Program (LCP)

LCP has two positive aspects which distinguish it from other temporary migration programs for care workers in the world. First, under LCP, migrant caregivers are officially recognized as workers and covered by provincial employment standards which are equivalent of labor laws. Migrant caregivers can also have access to unemployment insurance and free health care. While they must remain in the field of live-in care under this program, if they successfully complete 24 months of work, they may apply for an open work permit which will grant them freedom of employment, enabling them to change their workplaces as well as occupations. Once they receive this permit, they are able to work anywhere they wish, even outside of the care sector.

The second positive aspect of LCP is that it opens a channel to long-term settlement and family reunification for migrant caregivers. After completing 24 months of work within 36 months upon arrival, migrant caregivers may apply for permanent residency. Once they receive permanent residency, they may bring in their family members to Canada as permanent residents. Eventually migrant

caregivers and their families may apply for Canadian citizenship.

These features are extremely rare in most temporary migration schemes in other industrialized countries where the acceptance of migrant caregivers remains strictly temporary. This is the very reason why Canada is “a dream destination” of many potential migrants.

V. The Realities of LCP and the Rights of Migrant Caregivers

Prevalent Violations of Contracts and Migrants' Rights

Despite these positive aspects, LCP is certainly not free from problems. The major challenges of LCP lie not in its legal structure but in its actual operations. The findings of my research coincided with those of existing case studies (e.g. Arat-Koc, 2001) in that the violations of contracts and migrants' rights ran quite rampant. The primary problematic aspect was related to work schedules. The vast majority of caregivers in my sample were working for more than 8 hours a day as stipulated in the contract, often followed by “on-call work” throughout the night, such as assisting their patients with their bodily functions. For the patients with dementia, preventing them from wandering out of their residence becomes an important task. Yet overtime payment is virtually non-existent. Only a few respondents received infrequent overtime payment which was entirely at their employers' discretion. Furthermore, some caregivers were only given one day off work, while others were given no day off work being left with their elderly patients alone for 24 hours, 7 days a week without having privacy or rest.

Another issue is that migrant live-in caregivers have been increasingly filling in the care deficit in the public healthcare system. Although they are not legally allowed to perform any medical tasks, they are often pressured to do so in reality. Giving prescribed medications to elderly patients is widely practiced despite the fact that such task is officially limited to nurses. Some live-in caregivers are performing even more complex medical tasks including tube feeding and tube elimination in their patients' homes.

Violence and Abuse by Elderly Patients

One of the distinctive challenges of elder care that live-in caregivers are often faced with is verbal, psychological, and physical abuse by their patients. In fact, abuse is a very common feature of live-in work across the world (Oishi, 2005). Yet the problem in elder care is more complex than regular abuse because it often occurs due to the mental or cognitive illness of patients. As a consequence, care workers believe that receiving such abuse is part of their job.

Alicia, a 28-year old live-in caregiver, takes care of a 75-year old woman with Alzheimer's disease. Although her condition has been substantially deteriorated in recent years, her family still believes that Alicia can handle her. She constantly hits Alicia whenever she is unhappy, and Alicia has received many bruises all over her body. Nevertheless, Alicia simply remains silent. She stated as follows:

I will just take it [the physical abuse]. I will just say to myself, 'She was a nice person before. It is not intentional. She is out of her mind already. So I have to understand her. I will be the one to understand her.'

The client's family members are often not aware of such violence and abuse, as most of them do not live with them. Even in the cases where they do, unless they are personally affected by violence, family members will not take action because they want to live with their loved ones as long as possible.

Despite contract violations, violence, and abuse, very few caregivers attempt to raise their voices. According to the Philippine Overseas Labor Office in Toronto, almost 800 problem cases were filed by live-in caregivers in 2004 (Philippine Overseas Labor Office, 2005). Given that there were 13,125 Filipino caregivers in the area, this number may not appear excessively high. However, this is only the tip of the iceberg as most caregivers simply do not report their problems. The reason why migrant caregivers do not report their cases is the time limit set for permanent residency application. All live-in caregivers make every effort to finish their 2-year work requirement within 3 years upon their arrival so that they could apply for permanent residency. Even when they are underpaid or overworked, changing employer entails a great risk as they might

lose several months attempting to find a new employer and having a new contract processed by the government. Furthermore, leaving the employer before the end of the contract could lead to a possibility of getting a negative reference letter which could damage the caregivers' job prospects. Therefore, migrant caregivers stay with their employers without reporting their contract violations to labor offices. In other words, labor laws are virtually ineffective in protecting migrant caregivers because workers are afraid of utilizing it because it might hurt their future in Canada.

Employment Instability

One of the problems specific to live-in caregivers in elder care is job instability. Live-in work for elderly patients is inherently precarious because their health conditions are relatively unstable. They could suddenly become seriously ill, hospitalized, or pass away, resulting in the job loss. It is difficult for migrant caregivers to anticipate the actual duration of their contract prior to their arrival. Family members also tend to hire live-in caregivers as a last resort, either when the health of their parents have already significantly deteriorated or while waiting to get their loved ones placed in a nursing home. Given that the document processing takes time, in some cases, caregivers arrive in Canada too late to meet the employers' needs and instantly become jobless. Unscrupulous recruitment agencies have even begun to take advantage of such situations. According to a local NGO in Toronto, unfortunately there has been a growing trend in recent years for caregivers to arrive in Canada only to find no job awaiting them after paying exorbitant fees (C\$3,000-4,000) to those agencies.

Difficulty with Family Reunification

Although acquiring permanent residency and bringing in family is one of the primary purposes of migrant caregivers to come to Canada, its actual realization is not an easy process. First of all, sponsoring family members is quite costly. The fees to sponsor family members are C\$550 for an adult and C\$150 for a minor.⁽⁴⁾ In addition, another "landing fee" of C\$490 would be

added to acquire permanent residency for each adult including caregiver him/herself. While the amount was significantly reduced several years ago, the total cost of sponsoring a spouse and two children, including various administrative costs and airfare, would easily amount to over C\$4,000. Given that caregivers have already paid the processing fees of C\$3,000-\$4,000 to recruitment agencies before coming to Canada, the total cost would often exceed C\$7,000. Especially for those who were underpaid under LCP, it takes a while to save enough money and secure a stable job before bringing in all family members. In some cases, family reunification takes 5 years or more. There is also an age limit – if children reach 22 they will no longer be able to come to Canada as a dependent. The family is defined as a couple with minors or school-aged children, and thus in the cases where children are older, family reunification will never be possible.

Challenges in Economic Integration in the Post-LCP Period

Even after the completion of LCP, further difficulties await migrant caregivers. One of them is their economic integration. Most of them with university education and white-collar background have no option but to remain in the low-wage sector and to continue to remain underemployed.

There are two major reasons for their underemployment. The first reason is that their employment background in their home countries hardly ever receives recognition as valued professional experience in Canada. Corporations in Canada usually require Canadian qualifications and work experiences. While the qualifications in the US or UK are often considered as comparable, those from developing countries are rarely recognized. It is a well known fact that many new immigrants – even former doctors and professors – are driving taxis in Canada (Brown-Bowers, 2006; Gillespie, 2007). In this respect, migrant caregivers are not exclusively discriminated against, but they are definitely affected as newcomers who are forced into the segmented labor market.

The second reason is that migrant caregivers often become deskilled as a result of their migration experience. Many migrants feel that they lost their skills since they were not able to practice their professions for more than two years

under LCP. Victoria Policapio, a career counselor of INTERCEDE, states that the most difficult part of her work is to restore their deteriorated self-image and self-esteem.⁽⁵⁾ She says that migrant caregivers are not willing to take additional courses to upgrade their skills to work in their own fields such as business or commerce. It is partly because schooling is very costly for foreign residents in Canada, but the main reason is that after being in a subservient position for two years, they lose their self-confidence to return to their previous white-collar/professional occupations. Even after the LCP, the majority of them only take the personal support worker (PSW) certificate, which is relatively inexpensive to obtain but only enables them to work in low-wage jobs in nursing homes, retirement homes, and hospitals. In fact, Filipinos are 4-5 times more likely to be concentrated in low-wage healthcare sectors compared with the local population (Kelly and D'Addario, 2007).

Most migrant caregivers also face financial difficulty after LCP, as once they leave their employer's home they have to pay for their own food and accommodation, which is much more expensive in the mainstream market. Even those who obtained a PSW certificate find it difficult to secure enough working hours to survive because more and more newly-arrived immigrants are entering the care sector and are willing to work with lower wages.

Shift to Informal Care Sector

One of the most striking findings of this research was that such difficulty in economic integration in the mainstream labor market after LCP often pushes live-in caregivers to take jobs in the informal sector. Although there is no official data available, the vast majority of my respondents were in the informal sector, wholly or at least partially. There are two major types of informal sector jobs; home caregivers and private companions. As discussed above, most live-in caregivers leave their employers' homes after LCP and become live-out caregivers, releasing themselves from the night work. Others stay as live-in caregivers to save the costs of food and rent. Both groups work as informal home caregivers, doing the same kind of work that they did under LCP. The

significant change from their work under LCP is that their job suddenly turns itself into an informal sector job. Once outside the scheme of LCP, live-in caregivers are no longer protected by labor legislations nor covered by social security.

The second type of informal sector jobs is so called “private companions.” Private companions are not an officially recognized occupational category. They are casual workers often employed by family members to accompany their elderly parents in nursing homes or in private homes. They are expected to simply be with their patients, feeding them, entertaining them, and attending to their miscellaneous needs. Private companions are different from live-in caregivers as they are not expected to do any household chores or physical tasks such as bathing their clients. The vast majority of them work in nursing homes, while some work in private homes. According to one of the most reputable nursing homes in Toronto, there were over 600 private companions on its site in 2005. The vast majority of them were Filipinas, while others were Caribbean and East Europeans.⁽⁶⁾

Many migrant care workers are willing to work in these informal sector jobs mostly because they do not have a better alternative, and also because the pay is relatively high. While no benefits are offered, no social security contribution is necessary either, and thus the net hourly pay under the table is actually higher than the wages of other causal jobs in the formal sector. For instance, private companions are usually paid C\$10-15 per hour, while typical “new immigrant jobs” in the formal sector such as those in fast food restaurants offer the minimum wage of C\$8 in Ontario from which social security contribution will be deducted.

Although these jobs help migrants make ends meet and save money, moving to the informal sector completely deprives them of the rights and entitlements that they used to enjoy under LCP such as labor law protection and social security. In other words, it refutes the anticipated notion of upward social mobility. After they acquire permanent residency and citizenship, which are supposed to provide better rights and entitlements, home caregivers and private

companions enjoy fewer rights due to the informal nature of their work. For the vast majority of those who completed LCP, it is a difficult dilemma between choosing a low-wage job in the formal sector with a limited possibility of long-term upward career mobility versus a better-paying job in the informal sector with no career mobility.

Quality Deficit in the Formal Sector and Dignity in Care

What emerged as most striking in this research on migrant caregivers in elder care was that even in a country such as Canada, which has a strong record of providing quality public healthcare for its population, the provision of home care has become a great challenge, and migrant workers have been playing a significant role in both formal and informal care sectors.

This fact reflects growing demand for home care in Canada. According to the Health Charities Coalition of Canada, the number of Canadians who received home care increased by 60% between 1995 and 2002 (HCCC, 2007:5). Because of health care restructuring, not only the elderly but regular patients of all ages are now discharged early from acute care hospitals to receive care at home. Home care has been identified as one of the solutions for cutting medical costs.

The increase in the demand for home care also means shorter home care visits by the community care workers. According to David Wright, President and CEO of VHA Home HealthCare, one of the largest non-profit home care providers in Toronto, a home care worker's visit has been reduced from 3-4 hours a week per patient to only one hour in the last 5 years. Their survey also found that 35% of Canadians were dissatisfied with their access to home and community care (VHA, 2001).

A part of the problem in Canada is that there is no federal home care system. Home care financing and management are solely relegated to provincial authorities who are under great pressures to liberalize and privatize their public services. Current circumstances dictate that the dramatic increase in resources to be allocated to the public home care would be difficult. Many provinces have

already allowed the entry of private sector into home care, and many agencies are now in the “race to the bottom” – competing with each other to win more contracts by lowering care workers’ wages. As a result of this and growing work pressures under deteriorating conditions, many Canadian workers are leaving the home care sector. According to the VHA report, the turnover rate of home care workers has even reached 50% (VHA, 2001). Such high turnover rate makes it extremely difficult to maintain the high quality of care. This is one of the reasons why employers turn to migrant live-in caregivers.

Most family members are willing to place their elderly parents in nursing homes when they require complex medical care. However, quality nursing homes have a long waiting list and some have to wait for a few years. Even when elderly patients get placed in nursing homes, some family members still hire private companions for their parents or relatives because the quality of nursing homes has significantly declined in recent years. Even in one of the top-ranked nursing homes in Toronto, one personal support worker (PSW) must take care of 7-8 patients at a time. During the meal time, s/he can spend only about 10 minutes to feed each patient because of the tight schedule in the dining department. Therefore, elderly patients are always rushed to swallow food or otherwise cannot finish their meals. Patients also need to wait for several hours before they can have their soiled undergarments changed. One of the private companions whom I interviewed indicated that in some nursing homes, one PSW is in charge of 15 patients at a time and are constantly working under extreme pressure.

Based upon my own participant observation in one nursing home in Toronto, the gap in care quality for those with and without private companions was quite evident. I saw some elderly patients left unattended in the hallway with hollowed eyes or falling asleep, whereas others attended by private companions were playing games or taking a walk in the gardens. Because of resource constraints, most nursing homes can now provide their patients with care at a level just enough to maintain their health and at a minimum level of hygiene. If families want their loved ones to be treated with more care, they

would have to pay for such services. Private companions are hired for this reason, filling in the quality deficit in the institutional care.

VI. Discussion:

While offering migrant caregivers protection of rights and the opportunity for permanent residency, LCP also presents them with numerous obstacles. While the Canadian government has made various attempts to improve the system in recent years, the fundamental problem of abuse and exploitation still remain prevalent to the extent that the United Nations showed its concern (United Nations, 2003). NGOs have pressured the government to further reform the current LCP scheme, suggesting the provision of permanent residency to live-in caregivers from the beginning so that they could properly address the cases of abuse and exploitation (Arat-Koc, 2000). Existing studies and my own research revealed that abuse partly stems from their temporary resident status and that if they become permanent residents upon arrival, they could better negotiate their working conditions and more easily leave their abusive employers.

The Canadian government, however, argued that with such measure, it might not be able to secure a sufficient number of live-in caregivers:

If given permanent residence from the beginning, many caregivers might not work as caregivers at all but automatically enter another profession.... Some might try to work as live-out caregivers instead, for which there is no demand in Canada and no need for overseas workers (CIC, 2005).

This statement indicates that the government is intentionally restricting migrant's right to free choice of employment by tying them to live-in care work in order to meet the public demand. However, the right to free choice of employment is a universally accepted human right, comprising even part of the Universal Declaration of Human Rights (United Nations, 1948), and is accorded to all permanent immigrants and citizens in Canada. It is common that many new immigrants who were admitted under a certain skill category do not practice their expertise but take up different occupations. If the government does not perceive this as a problem, why would it be so for migrant caregivers?

Why can't migrant caregivers enter the country as permanent migrants with full rights?

The most crucial reason for restricting their rights is to keep the costs for live-in care low for employers as well as for the government. "The needs for live-in care" certainly exist but employers could hire two "live-out" caregivers, one for the day and the other for the night, to cover 24-hour care instead of hiring just one live-in caregiver. The reason why most employers do not do so is simply because it is too costly.⁽⁷⁾ And the government is not willing to subsidize such costs either. In other words, LCP is a cheaper alternative that the government provides for its permanent residents and citizens at the expense of rights violation of temporary migrants.

In fact, hiring only one migrant live-in caregiver for a patient who requires 24-hour care is inherently exploitative because employers are well aware that the official principle of 8-hour work in the contract can never be followed. It is already a problem that most of them do not pay their workers for overtime work, but even if they did, assigning 24-hour care on 6-7 days a week for 2 years to just one person would be detrimental for care workers' health. As many studies and my own research show, live-in requirements should be abolished as it often results in unpaid night work and abuse against workers.

The economic integration of migrant care workers after LCP should also be properly addressed in policy debates. Though most of them have university education and white collar backgrounds, their qualifications are rarely recognized in Canada. Combined with deskilling and lowered self-esteem during LCP, it forces them to remain in low-wage jobs in the formal sector or in slightly-better dead-end jobs in the informal sector. Mutual skill recognition systems between Canada and the origin countries should be developed not only for care workers but for immigrants of all skill categories so that their human capital could be more effectively utilized.

Lastly and most importantly, the government should be aware of the fact that the declining care quality in institutional care and in community home care for the elderly has been producing a growing demand for informal care

workers. This informal care sector is absorbing an increasing number of new immigrants who completed LCP. Even after having become permanent residents or Canadian citizens, they remained in the informal sector, being deprived of workers' rights while severely underemployed. As numerous documents such as Romanow Report (2002) have recommended, it is high time that the Canadian government integrate home care into its federal healthcare system and transform this growing informal care sector into the formal sector.

The case of Canada highlights a tremendous challenge that is also faced by many other countries across the world. In most countries, care has been devalued, underpaid, and relegated to those who lack socio-economic and political power (Nakano-Glenn, 2000:84). Such a situation derives from the difficulty in meeting care needs under severe resource constraints. Nevertheless, the policy of meeting such care needs should be carefully crafted so as not to undermine the rights of migrant workers. Canada has had a strong reputation for its human rights record for many years, even being called a "Global Human Rights Champion" (Amnesty International, 2007). It has the capacity and ability to tackle human rights challenges, and the author trusts that positive changes can be made to LCP to protect the rights and freedoms to those who arrive as migrant caregivers. Canada is making progress toward this goal as illustrated by the government's recent initiative of holding a round table meeting on LCP with NGOs and representatives from concerned diplomatic missions (CIC, 2005). The government should continue to cooperate with the civil society and concerned parties to improve the current LCP scheme. As the global competition for highly-skilled care workers is expected to intensify, the better protection and integration of migrant care workers would further strengthen Canada's competitive position in attracting global talents in the care sector. Canada should take a bold initiative to become a leader in "race to the top" in the global care sector through the reforms of LCP and home care system.

Notes

- (1) This article offers only preliminary findings from the author's ongoing research on globalization and care work which has been funded by the JSPS Grant-in-Aid for Scientific Research (A) "The Globalization of Reproductive Spheres and Gender Relocation in Asia" (Principal investigator: Prof. Ruri Ito, Hitotsubashi University) in 2005-2008, and by the Social Science Research Institute of International Christian University in 2005.
- (2) The United States, for instance, will require almost a million additional home care workers by 2017 which is difficult to meet because of the low wage and unfavorable working conditions (Gill, 2007).
- (3) The author's interview with Fely Villasin at INTERCEDE in August 2006.
- (4) The author's interview with Coco Diaz at INTERCEDE in August 2007.
- (5) The author's interview with Victoria Policapio in August 2007.
- (6) The author's interview with a staff of a nursing home in Toronto in August 2005.
- (7) According to the author's estimate, the cost for 24-hour care by hiring two live-out personal support workers in Toronto would exceed C\$5,000 per month, whereas hiring a live-in caregiver would cost approximately C\$1,500.

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<Summary>

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This article examines Canada's temporary migration policy for care workers. The demand for care workers, particularly those in the elder care sector, has been increasing in many industrialized countries due to population aging. Canada's live-in caregiver program (LCP) serves such needs by bringing in highly-skilled migrants to the home care sector. It offers many advantages such as labor law protection and free healthcare coverage, and the provision of permanent residency and family reunification after two years. Due to these benefits, Canada has become one of the most popular destinations for migrant caregivers in the world.

Nevertheless, this research found that the current LCP scheme fosters some abusive and exploitative conditions and should thus be reformed to protect the rights of migrant care workers. Limited economic integration of these migrants after LCP into the informal sector is also a challenge that policy-makers should tackle. This research suggests that the plight of migrant care workers would require the drastic reform of the LCP scheme, including the abolition of live-in requirement and the provision of permanent residency upon arrival. The fundamental solution for their long-term settlement problems would also necessitate the systematic integration of home care into the federal healthcare system and the formalization of the growing informal care sector. An in-depth

look at the practices and policy surrounding migrant caregivers in Canada highlights the importance of migrants' protection and integration in attracting highly-skilled migrant care workers.